2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000002539

FILED Aug 31, 2010 Secretary of State

Entity Name: PALM BEACH COUNTY OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7750 OKEECHOBEE BLVD. 825 WESTWIND DRIVE

SUITE 9 NORTH PALM BEACH, FL 33408 WEST PALM BEACH, FL 33411

New Mailing Address: Current Mailing Address:

7750 OKEECHOBEE BLVD. 825 WESTWIND DRIVE

SUITE 9 NORTH PALM BEACH, FL 33408 WEST PALM BEACH, FL 33411

FEI Number: 20-4927383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARCIANO, BRANDEE KO.D. LORELLI, ANTHONY O.D. 7750 OKEECHOBEE BLVD. 825 WESTWIND DRIVE SUITE 9 US

NORTH PALM BEACH, FL 33408 WEST PALM BEACH, FL 33411 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANTHONY LORELL O.D. 08/31/2010

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

PRES

PARKER, BARTON O.D. Name: Address: 5970-D JOG ROAD City-St-Zip: LAKE WORTH, FL 33467

Title:

Name: MARCIANO, BRANDEE O.D. Address: 7750 OKEECHOBEE BLVD City-St-Zip: WEST PALM BEACH, FL 33411

Title: TRES

LORELLI, ANTHONY O.D. Name: Address: 825 WESTWIND DRIVE City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SEC

Name: GONZALEZ, MARICELY OD Address: 11 CORRIE PLACE City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY LORELLI O.D. **TRES** 08/31/2010